

Application Data Sheet

Application Information

Application number::
Filing Date:: 11/01/01
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of copies of CDs::
Sequence submission?::
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title:: Method And Apparatus For Programming An
Implantable Medical Device
Attorney Docket Number:: 11738.84217
Request for Early Publication?:: NO
Request for Non-Publication?:: NO
Suggested Drawing Figure::
Total Drawing Sheets:: 14
Small Entity?:: NO
Latin name::
Variety denomination name::
Petition included?:: NO
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: NO

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.A.
Status:: Full Capacity
Given Name:: Shahram
Middle Name::
Family Name:: Malek
Name Suffix::
City of Residence:: Plymouth
State or Province of Residence:: Minnesota
Country of Residence:: U.S.A.
Street of mailing address:: 5400 Ximinis Lane
City of mailing address:: Plymouth
State or Province of mailing address:: Minnesota
Country of mailing address:: U.S.A.
Postal or Zip Code of mailing address:: 55442

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.A.
Status:: Full Capacity
Given Name:: Mark
Middle Name:: A.
Family Name:: Christopherson
Name Suffix::
City of Residence:: Shoreview
State or Province of Residence:: Minnesota
Country of Residence:: U.S.A.
Street of mailing address:: 4100 Reiland Lane
City of mailing address:: Shoreview

State or Province of mailing address:: Minnesota
Country of mailing address:: U.S.A.
Postal or Zip Code of mailing address:: 55126

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.A.
Status:: Full Capacity
Given Name:: Steven

Middle Name::

Family Name:: Goetz

Name Suffix::

City of Residence:: Brooklyn Center

State or Province of Residence:: Minnesota

Country of Residence:: U.S.A.

Street of mailing address:: 4650 58th Pl. N.

City of mailing address:: Brooklyn Center

State or Province of mailing address:: Minnesota

Country of mailing address:: U.S.A.

Postal or Zip Code of mailing address:: 55429

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.A.
Status:: Full Capacity
Given Name:: John

Middle Name::

Family Name:: Grevious

Name Suffix::

City of Residence:: Minneapolis

State or Province of Residence:: Minnesota

Country of Residence:: U.S.A.

Street of mailing address:: 2239 Wison St.

City of mailing address:: Minneapolis

State or Province of mailing address:: Minnesota

Country of mailing address:: U.S.A.

Postal or Zip Code of mailing address:: 55418

Applicant Authority Type:: Inventor

Primary Citizenship Country:: U.S.A.

Status:: Full Capacity

Given Name:: David

Middle Name:: W.

Family Name:: Lee

Name Suffix::

City of Residence:: Apple Valley

State or Province of Residence:: Minnesota

Country of Residence:: U.S.A.

Street of mailing address:: 4950 138th Circle

City of mailing address:: Apple Valley

State or Province of mailing address:: Minnesota

Country of mailing address:: U.S.A.

Postal or Zip Code of mailing address:: 55124

Correspondence Information

Correspondence Customer Number:: 22908

Representative Information

Representative Customer Number:: 22908

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: Medtronic, Inc.
Street of mailing address:: 710 Medtronic Parkway
City of mailing address:: Minneapolis
State or Province of mailing address:: Minnesota
Country of mailing address:: U.S.A.
Postal or Zip Code of mailing address:: 55432-5604